

# TOWN OF MARSHFIELD VARIANCE APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

E- Mail: \_\_\_\_\_

Tax Parcel No. \_\_\_\_\_ Fire No. \_\_\_\_\_

Legal description of property (on tax statement) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot Area & dimensions \_\_\_\_\_

Current Zoning District \_\_\_\_\_

Current Use & Improvements \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature and disposition of any prior petition for appeal, variance or special use

\_\_\_\_\_

\_\_\_\_\_

Description of all nonconforming structures & uses on this property \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Variance Requested

a. Terms of Ordinance (Section No) \_\_\_\_\_

b. Variance Requested \_\_\_\_\_

\_\_\_\_\_

**Names & Addresses of All Adjoining Property Owners within 500 ft**

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**Address each of the following criteria for granting a variance as described in the application (attach additional pages if necessary):**

**1) Unnecessary hardship is present because...** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) Compliance with the terms of the ordinance is prevented by unique features of this property...** \_\_\_\_\_  
\_\_\_\_\_

**3) A variance will not be contrary to the public interest because...**  
\_\_\_\_\_  
\_\_\_\_\_

**Attach a map or sketch of the property involved. Include property lines, existing & proposed driveways and roads, dimensions & locations of existing & proposed buildings, and location of sanitary septic system.**

**A hearing will be scheduled after the application is received. Additional information may be requested by the Board of Appeals. The decision of the Board of Appeals is final.**

**I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application fee is \$225.00. Make checks payable to Town of Marshfield. Submit fee and original application plus ten (10) copies to:**

**Town of Marshfield Clerk  
P O Box 94  
Mt. Calvary, WI 53057-0094**

VA2013

Office Use: Date Rec'd \_\_\_\_\_ Amt Pd \_\_\_\_\_

Accepted by: \_\_\_\_\_